Revision: HCFA-PH-90- 2 (BPD)

JANUARY 1990

Commonwealth of Pennsylvania

OMB No.: 0938-0193

State/Territory:

Citation 433.137(a)

4.22 Third Party Liability

50 FR 46652

(a) The Medicaid agency meets all requirements of 42 CFR 433.138 and 433.139.

55 FR 1423

433.138(f) 52 FR 5967

(b) ATTACHMENT 4.22-A --

(1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;

433.138(g)(l)(ii) and (2)(ii) 52 FR 5967

(2) Describes the methods the agency uses for meeting the followup requirements contained in $\S433.138(g)(1)(i)$ and (g)(2)(i);

433.138(g)(3)(i) and (iii) 52 FR 5967

(3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and

433.138(g)(4)(i)through (iii) 52 FR 5967

(4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

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Citation 433.139(b)(3) (ii)(A) 55 FR 1423

 \sqrt{X} (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

(d) ATTACHMENT 4.22-B specifies the following:

433.139(b)(3)(ii)(C) 55 FR 1423

(1) The method used in determining a provider's compliance with the third party billing requirements at \$433.139(b)(3)(ii)(C).

433.139(f)(2) 50 FR 46652

(2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.

433.139(f)(3) 50 FR 46652

(3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.

42 CFR 447.20 55 FR 1423

(e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

TN No. 90-03 Supersedes TN No. NEW

Approval Date 2/1/91 Effective Date 4/1/90

HCFA ID: 1010P/0012P

69b

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: COMMONWEALTH OF PENNSYLVANIA

4.22 Third Party Liability

(f) A facility with more than 60 licensed beds shall be enrolled and participating in the Medicare Program. This requirement does not apply to a facility that has no beds certified to provide skilled care. Any facility enrolled and participating in the Medicare Program must have sufficient Medicare certified beds to accommodate its Medicare eligible residents.

TN # 89-23 (New) Supersedes

IN #

Revision: H Oc	CFA-PM-91_8 tober1991	(ME	OMB No.:
St	tate/Territory	: _	Pennsylvania
Citation 42 CFR 433.1 50 FR 46652	4.22 (cc 51(a) (f)	The agr col	ued) Medicaid agency has written cooperative eements for the enforcement of rights to and lection of third party benefits assigned to the te as a condition of eligibility for medical istance with at least one of the following: eck as appropriate.)
		<u>/\</u> X	State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.
		<u>/</u> _7	Other appropriate State agency(s)
	·	<u>/</u> 7	Other appropriate agency(s) of another State
		<u>/</u> 7	Courts and law enforcement officials.
42 CFR 433.15 50 FR 46652	(g)	42 c	Medicaid agency meets the requirements of CFR 433.153 and 433.154 for making incentive ments and for distributing third party ections.
1906 of the A	ct (h)	used of a	Medicaid agency specifies the guidelines in determining the cost effectiveness in employer-based group health plan by ecting one of the following.
		/	The Secretary's method as provided in State Medicaid Manual, Section 3910.
			The State provides methods for emining cost effectiveness on Att.4.22-C.

TN. No. 93-19 Supercedes TN No. 85-11 Approval Date DEC 17 1993 effective Date 07/01/93 HCFA ID: 0012

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